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**OFFICIAL**

Attachment 4.40-B  
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OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: INDIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

Post Certification Reviews (PCR) Visit/Validation Visits/(i.e. follow ups) are scheduled for facilities with Level A's/Conditions (MR/DO) and/or Level B's/standards (MR/DO) out of compliance at time of survey.

PCR's are scheduled within 45 days from the last day of the survey by the surveyor. Communication between surveyor and supervisor will take place prior to that scheduled visit.

The follow up visit verifies the facility's progress in correcting the certification deficiencies cited during the last survey.

The surveyor checks all citations.

The past two (2) weeks schedule of work is to be reviewed to determine licensed nurse coverage and overall nursing coverage at each PCR/Validation visit even though it was not cited on the survey.

On completion of the report, an exit interview conference is held with the administrator's selected staff.

The justification for new Level B's/standards (MR/DO) out of compliance, how to write a plan of correction letter, and justification letters are signed and left with the administrator.

When all deficiencies/findings are corrected and there are no new findings, a form is completed stating "All Deficiencies Corrected-No New Findings".

Quality Assurance and R.N. waiver visits will be made to facilities with recent licensure and certification problems to determine compliance with state rules and federal regulations.

For all state walk-thru visits, the following must be done:

\*Complete a tour of the facility, noting significant problems which could indicate non-compliance with state rules, or federal regulations

\*Review the previous two (2) weeks of posted nursing hours, as worked.

\*Observe a meal.

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When the visit is for the purpose of monitoring a facility's compliance with the terms of an R.N. waiver eight (8) areas are reviewed.

If no care problems are noted and the facility is operating within the terms of their waiver, no findings will be cited.

If the facility is operating without R.N. coverage beyond the scope of the waiver, a finding is made.

If it is determined that the facility has not complied with the terms of the waiver, the office is notified so a determination can be made concerning revocation of the waiver.

If problems are observed in the facility which may warrant a full survey, the supervisor responsible for the area of the state in which the facility is located is contacted. The supervisor in conjunction with the Director of Field Operations will decide on the merit of conducting a full survey.

Monitors shall be approved and shall have duties in accordance with the following procedure.

\*Shall be licensed.

\*Shall be available to serve as a monitor the required number of hours as determined necessary.

\*Shall not currently be employed as an administrator of any other health facility.

\*Shall have at least two (2) years experience as a health facility administrator in the State of Indiana.

\*Monitors shall enter into a written contract with the facility. The contract shall state the number of hours to be worked, the fee to be paid by the facility, and shall be approved by the Bureau Director.

\*Shall take necessary steps to protect residents of a facility if necessary.

\*Shall serve as a consultant to the facility administrator and Bureau Director concerning the operation of the health facility. The Monitor shall be available if necessary, for meetings with the Bureau Director or Division Director.

\*Shall submit weekly written reports to the Bureau Director on the operation of the facility and the status and condition of the patients.

observe the operation and provision of services cited as problem areas during the normal workday, with additional time allocated to the observation of continuity of services on the evening and night shifts.

The weekly report shall address each of the findings and problems noted on the survey or complaint investigation which led to the adverse licensure action and to the placement of a monitor.

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